|  |  |
| --- | --- |
| Date received: |  |
| Reference number: |  |
| Name of person completing the form: |  |

# Sanctuary Scheme Target Hardening Referral

## Data protection information for the victim-survivor

The details that you provide on this form will be passed to the district’s officer who administers the Sanctuary Scheme. This will allow them to carry out the initial property survey, the target hardening work, and where requested signposting to a relevant support provider. The information will be used for evaluation purposes only and no personal information will be shared unless in relation to this application.

## Details of person making the referral (if not a self-referral)

|  |  |
| --- | --- |
| Contact name |  |
| Contact number |  |
| Organisation |  |

|  |
| --- |
| **Reason for referral (a brief history of the case)** |
| **Date of last incident and what happened** |

## Victim-survivor’s information

|  |  |  |
| --- | --- | --- |
| 1 | Risk Level  Please also detail this in your email submission. | Urgent referral within 48 hrs (unless a weekend 72hrs) |
| Priority referral (within 72 hrs) |
| Standard Referral (within 96 hrs) |
| 2 | Full name of victim-survivor |  |
| 3 | Address of the property that is to be target hardened |  |
| 4 | Post code |
| 5 | Home telephone no |  |
| 6 | Mobile (personal only) |  |
| 7 | Email (personal only) |  |
| 8 | Alternative contact details |  |
| 9 | Preferred method and time of day to make contact | Time:  Method: |
| 10 | Age of victim-survivor |  |
| Where victim-survivor is under the age of 18 a support worker or appropriate adult must be in attendance. Please identify the name and contact details of the support worker/appropriate adult). | | |
| 10a | Name |  |
| Contact details |  |
| Relationship |  |

|  |  |  |
| --- | --- | --- |
|  | Sex of victim-survivor | Female  Male  Unknown/ Prefer not to say |
|  | Does the victim-survivor identify with the same gender as their sex registered at birth | Yes  Transgender Male  Not known/ Prefer not to say  Non-Binary  Transgender Female  Other |
|  | Financial Status of victim-survivor | Employed full time  Employed part-time  Pension  Universal Credit  Private income  Other  Other benefits (not UC)  Finances/ monies inaccessible  No recourse to public funds |
|  | Does the victim-survivor have any of the following specialist/ protected characteristics | Disability  Sexuality  Ex – Offender  Pregnant |
|  | Ethnicity of victim-survivor | Choose an item. |

## Children

Child 1

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | Choose an item. | Age |  |
| Does the child have any of the following protected characteristics? | | | |
| Disability | Black and minoritized ethnicity | Sexuality | Pregnancy |

Child 2

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | Choose an item. | Age |  |
| Does the child have any of the following protected characteristics? | | | |
| Disability | Black and minoritized ethnicity | Sexuality | Pregnancy |

Please copy the above section to complete the same information for any additional children.

## Perpetrator Details (if not already recorded)

**You do not need to answer** this question if you do not want to.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | Name |  | | |
| 13 | Address |  | | |
| 14 | D.O.B. |  | Current age |  |
| 15 | Relationship to victim (i.e., partner, ex-partner) |  | | |
| 16 | Description of perpetrator (i.e., height, hair colour, any distinguishing features) |  | | |
| 17 | Date the perpetrator left the home |  | | |
| 18 | Is the perpetrator currently at HMP and/ or due for release? | Yes  No  If yes, what is the date of release? | | |

## Property details

|  |  |  |
| --- | --- | --- |
| 19 | House type (detached; semi-detached; terrace; bungalow; flat; other – please specify) |  |
| 20 | Tenure (owner occupier; council tenant; housing association tenant; private rental tenant; other) |  |
| 21 | Does the perpetrator have any legal right to enter this property? (i.e., matrimonial rights, joint tenancy, or joint mortgage) |  |
| 21a | If so, is a sole occupancy order in place or been applied for? | Yes  No  Not applicable |
| 22 | Is there a possession order against this property?  If yes, when does this expire? | Yes  No |

## Safety status

|  |  |  |
| --- | --- | --- |
| 23 | Has the Client been referred to MARAC? | Yes  No |
| 24 | Is there a Police marker on the property? | Yes  No |
| 25 | Is client receiving any support at present (counselling; DV; mediation; victim-survivor support)  If yes, please state agency and contact details | Yes  No |
| 26 | Any other information that would assist the person carrying out your target hardening such as any known risks there may be to staff involved in the target hardening of the property (from the perpetrator or anybody else)? |  |

## Information Sharing

The victim-survivor should sign this form. If they are not able to do so, the person referring should sign. By doing so, the victim-survivor is agreeing for an assessment of their home in relation to some level of target hardening being required under the Sanctuary Scheme. They are confirming the details provided are correct and is giving consent to this information being shared to help process their application, the installing of any target hardening measures and for this data to be used to demonstrate how the funding for the Sanctuary Scheme has been used. In any reporting of the Scheme no personal details such as names and/ or addresses will be used.

Signature of victim-survivor or referrer:

Date:

**Professionals completing this form on behalf of the victim-survivor should also ensure a DASH risk assessment is submitted. Both documents need to be submitted for the referral to proceed.**

If a self-referral this form can be submitted to Broadland District Council and South Norfolk Council in the following ways:

Email: [sanctuary@southnorfolkandbroadland.gov.uk](mailto:sanctuary@southnorfolkandbroadland.gov.uk)

Post: Sanctuary Scheme, Broadland and South Norfolk Councils, Horizon Centre, Peachman Way, Broadland Business Park, Norwich, NR7 0WF

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